

EXHIBIT K

CERTIFICATE OF COMPLETION

This Certifies that

Nokogna Meite

SS#

*has successfully completed a training program approved by the New York State
Department of Social Services and is qualified for employment as a*

Personal Care Aide

February 8, 2001

Date of Completion

Patient Care, Inc.

Name of Training Program

B. Giverson DRS

Signature and Title of Official Agency Designee

CERTIFICATE OF COMPLETION

This Certifies that

Nokogna Meite

SS#



*has successfully completed a training program approved by the New York State
Department of Health and is qualified for employment as a*

Home Health Aide

March 23, 2001

Date of Completion

Patient Care, Inc.

Name of Training Program

B. G. P. in DPJ

Signature and Title of Official Agency Designee